DOCUMENT RESUME

ED 304 217 PS 017 818

TITLE The Center for Successful Child Development.
INSTITUTION Center for Successful Child Development, Chicago, IL.
SPONS AGENCY Department of Health and Human Services, Washington, D.C.; Robert Wood Johnson Foundation, New Brunswick, N.J.
PUB DATE Jan 89
NOTE 20p.; Paper presented at the National Conference on Early Childhood Issues: Policy Options in Support of Children and Families (Washington, DC, November 17-18, 1988).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Community Involvement; Comprehensive Programs; *Developmental Programs; *Disadvantaged Youth; *Family Programs; Infants; Low Income Groups; *Parent Participation; *Preschool Children; Preschool Education; Program Budgeting; Program Descriptions; Public Housing; *School Readiness; Staff Development
IDENTIFIERS *Center for Successful Child Development IL

ABSTRACT

Described are characteristics of the Center for Successful Child Development (CSCD), a family-oriented early childhood intervention program serving 6 of 28 buildings of the Robert Taylor Homes (a public housing project inhabited by 20,000 people on Chicago's south side). After an introductory section providing background information, discussion focuses on major program components of the CSCD, ancillary CSCD programs, coordination and cooperation among program components, community involvement in CSCD, staff issues, and the program budget. Major components of the program include primary health care, a drop-in center providing peer and professional support and modeling to parents, the Head Start Center, family advocacy home visits, and other supportive services designed to help parents cope with the stresses of their environment. Ancillary programs discussed include Parents Too Soon, Families with a Future, Project Chance, Drug Abuse Prevention, and Infant/Toddler Day Care. (RH)

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January 1989

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The Center for Successful Child Development

Introduction

The Center for Successful Child Development (CSCD) is a family-oriented early childhood intervention program serving six of twenty-eight buildings of the Robert Taylor Homes, a public housing project inhabited by 20,000 people on Chicago's south side. CSCD is jointly sponsored by the Chicago Urban League and the Ounce of Prevention Fund. Major funding comes from the U.S. Department of Health and Human Services, the Harris Foundation, and the Robert Wood Johnson Foundation, with additional funding coming from the State of Illinois and a mix of other public and private sources.

CSCD has two major goals:

1) To promote the healthy growth and development of children from before birth through age five in all domains of development (social, emotional, physical, and cognitive) and to prepare them for achievement at entry to formal schooling. CSCD views children as whole people who need a variety of skills and abilities to function effectively in a wide variety of contexts.

2) To help parents build on their strengths as individuals and as parents. CSCD believes that the most effective and enduring way of helping children is through provision of support to the entire family. If parents feel competent and effective about themselves as individuals and as parents, they will be better able to foster the development of their children.

CSCD, one of the first programs to attempt the delivery of comprehensive, coordinated early childhood services, officially opened its doors to families in late 1987. The 12 months prior

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to this were spent recruiting and training staff, renovating previously uninhabitable space in the Robert Taylor Homes for use by the program, and deploying a small corps of family advocates in the community to recruit and work with a pilot group of families, in this way learning more about the community and its needs.

Today, about 155 families participate in CSCD, with approximately three-quarters of them currently active. CSCD continues to recruit participants, recognizing that, for many of the hardest-to-reach families (who are also frequently those most in need of the program's services), this will be a long process of overcoming skepticism and suspicion and of earning a family's trust and confidence.

The breadth and intensity of stress experienced by families in an extremely poor, isolated, and environmentally hostile community like the Robert Taylor Homes far exceeded the expectations of the staff and planners of this project. (Drug usage in this community, for example, approaches epidemic proportions.) While severe health and social problems were obviously anticipated, the multiple and complex nature of these problems have necessitated the development of extensive, creative, and often expensive forms of support and intervention far beyond the scope of a child development program. As a result, the program's service delivery system continually evolves as staff learns about families' needs and attempts to develop appropriate responses. This, in turn, has required frequent revisions and additions to

the program's budget.

Major Program Components of the Center for Successful Child Development

At the heart of CSCD is a main center created through the renovation of ten apartments comprising the entire second floor of one of the six buildings served by the project. CSCD has two satellite sites in other nearby buildings. The center acts as a base for the management, coordination, and in some cases, the provision of CSCD's wide array of services. But it also serves as a community center -- a physically safe place for young families to use as they wish and as they are able, an alternative nurturing environment for both parents and children, and a place to develop new sources of social support and observe new models of adult and parent-infant interaction.

The goal of comprehensiveness leads CSCD to draw from a range of programmatic traditions, disciplinary approaches and bodies of knowledge, including public health, infant mental health, community development, family support, adult education, early childhood education, and social service. The perspectives and emphases of each of these can be found in one or more of the program components: primary health care services and the drop-in center, both located in the main center; family advocacy services, carried out primarily through home visits; and a Head Start program, located in a nearby building.

o The Primary Health Care component is an on-site maternal and child health medical clinic designed to provide medical care to participant children and to pregnant women, with an emphasis on preventive medicine and health education.

Funding for this component has only been available since early 1988, so many of its services are still developing. The pediatric section is offering routine preventive care, including immunizations and developmental screening, and care during illnesses, with necessary referrals. Children eligible for such care include all children in the target age range and their siblings through age 12. Children needing care that cannot be provided on-site are referred to the Woodlawn Maternal and Child Health Clinic, an affiliate of the University of Chicago Medical Center.

It is CSCD's hope and intention to provide routine prenatal and post partum care to participants in the Primary Care Center. To date, however, the program has had difficulty filling the position of nurse-midwife, because of a general shortage of nurse-midwives as well as the reluctance of many professionals to work on a daily basis in the Robert Taylor Homes. At present, pregnant women who do not have prenatal care are referred to the University of Chicago Medical Center, with whom CSCD has a cooperative agreement.

Once a nurse-midwife is on staff, with an obstetrician to provide necessary back-up, all pregnant women living in the target area will be able to receive prenatal and post partum care

in the Primary Care Center. High-risk cases will continue to be referred directly to the University of Chicago Medical Center. All mothers will be seen during the last month of pregnancy at the medical center, and babies will be delivered by medical center house staff.

Health education receives particular emphasis. Staff spends considerable time, both during clinic visits and during special parent groups, educating parents about health self-care practices in the home, including good maternal and infant nutrition, the risks posed by smoking and substance abuse, home safety, and home nursing for simple medical problems.

The Primary Care component is staffed by professional medical personnel. The clinic is coordinated by a nurse with a graduate degree in social work. Pediatric care is currently provided by a licensed pediatric nurse practitioner with the back-up of a pediatrician, who serves (on a part-time basis) as CSCD's Medical Director.

o <u>The Drop-In Center</u> is a center-based family support program designed to provide peer and professional support and modeling to parents. The goals of the drop-in center are to:

- increase parents' awareness of the important role that they as parents play in their children's lives and feel empowered to act in this role to the fullest of their capacities;

- provide parents with information on appropriate ways to respond to their children's behavior and ways to foster their children's growth and development;

- provide special activities planned for children and parents together;

- identify and intervene with parents who are experiencing problems dealing with their children;

- provide children with a stimulating physical and social environment during their time in the center.

These goals are met through formal and informal activities and discussions in the drop-in center, including:

- daily drop-in times (10:00 a.m. to 3:00 p.m., Monday through Thursday) where parents can meet with other parents and with staff, or where they can simply take a break while their children are cared for in the nursery;

- groups on child development, health and nutrition, and peer support groups, all led by trained members of the CSCD staff;

- parent-child activities designed to enhance a child's physical, social, and cognitive development and let parents learn and "practice" new ways of encouraging their child's development.

The Drop-In Center is staffed by professionals with training in early childhood education, assisted by community workers. It is open four days a week, with Friday set aside for program planning and in-service training.

o The Head Start Center provides the standard Head Start components, including a developmental preschool program for three and four-year olds, parent involvement, and social and health services.

o The Family Advocacy component provides bi-weekly home visits and other supportive services to families recruited into CSCD. The goal of this component is to help parents to cope with the many stresses of their environment so that they can function better as parents and as individuals. Family advocates -- primarly community residents hired and trained by CSCD -- conduct

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door-to-door canvasses every few months to identify and recruit pregnant women into the program (CSCD has also recently established regular contact with the local public health nurse, who notifies the program of pregnancies and recent births in the target population and encourages expectant and new mothers to enroll in CSCD.)

Once a family has agreed to participate, the parent (almost always the mother) meets with the clinical social worker on CSCD's staff. The purpose of this meeting is for the social worker to assess the family's basic needs, the degree of stress in the family's life, and the parent's general coping skills. This allows the social worker to develop an individual plan of services and support tailored to a family's particular needs and strengths and to match a family with a family advocate with the appropriate skills and strengths.

Family advocates make regular home visits to identify needs and make appropriate referrals, to provide informal education for parenting and child development issues, to help with securing services, and to offer emotional support. Frequently, the first task undertaken by a family advocate and a parent might appear to have little direct relationship with child development. For example, it might involve working with a parent to resolve problems with the housing authority or with pubilc aid. In fact, the purpose is to address, to the extent possible, the immediate stresses facing a family so that a parent is more able to turn her attention to child development.

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Family advocates average 15 participant families each, providing a combination of case management and parent education services. For those families who cope reasonably well with the daily stresses of life in the Robert Taylor Homes, advocates will concentrate more on providing child development information, modeling parent-child interaction and monitoring a family's participation in other center activities. For parents who, for whatever reason, visit the drop-in center only infrequently, home visits are CSCD's chief means of relaying child development information and monitoring a family's progress. For families who are overwhelmed by the stresses in their daily lives, home visits focus more on referrals to needed social services, provision of emotional support, and the gradual development of coping skills.

Despite the recognized value of home-based family support services, family advocacy remains one of the most challenging program components at CSCD. In many cases, the desired level of involvement with families is difficult to achieve. Some women are reluctant to open their homes to outsiders. A significant proportion of families are so intensely troubled by drug problems, severe depression, or abusive relationships that it is difficult to reach them. It is also clear to CSCD's professional staff that the family advocates themselves need intensive support, both to increase their knowledge and skills and to develop means of coping with the difficult personal problems they confront in their work with families. To address these concerns, advocates are supervised by the clinical social worker, work

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closely with other CSCD staff, and receive on-going training.

Ancillary CSCD Programs

Life in the Robert Taylor Homes poses threats to families that no single program can overcome. This presents a fundamental challenge to CSCD and to other programs operating in intensely poor communities. On the one hand, CSCD has an urgent need to improve and refine the delivery of its basic program services if it is to succeed in its mission of promoting healthy child development. On the other hand, the program cannot isolate itself from other urgent community problems which threaten the integrity and healthy functioning of families. These problems -- which include the lack of community resources, the lack of employment and training, the absence of programs for at-risk children, the need for drug treatment and substance abuse prevention programs, and the need for positive alternatives to teen pregnancy and gang involvement -- fall outside the specific mission of CSCD, beyond the program's budget, and beyond the professional capacity of most of its staff. Yet failure to address them severely limits the extent to which CSCD can have a positive impact on healthy child development.

CSCD continues to struggle with this dilemma. At best, the program is able on occasion to find other service providers in the community who offer services CSCD cannot provide, although they too face budget constraints which limit their ability to respond. To some extent, CSCD also seeks out state and federal

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programs which may be able to finance some of its services. This latter effort is time-consuming, but CSCD might well benefit from a more systematic and aggressive attempt to locate and pursue public resources. Medicaid, for example, might be able to pay for some of the health and family advocacy activities if staff had the time and expertise to investigate this prospect.

The following ancillary programs represent CSCD's efforts to date to secure funding to underwrite program activities or to meet needs beyond the scope of an early childhood program:

o Parents Too Soon. Almost 50 percent of CSCD participants are pregnant and/or parenting women ages 20 or younger. Meeting the needs of these young parents requires services specially designed to respond to them as developing adolescents and as parents. To do this, CSCD has incorporated into its program Parents Too Soon, a state-funded program for pregnant and parenting teens administered in part by the Ounce of Prevention Fund.

Parents Too Soon enables CSCD to fund its family advocacy services -- particulary home visits -- to teen parents, as well as to conduct parent education and peer support groups based on the Minnesota Early Learning Design/Young Moms curriculum. It also will allow CSCD to integrate teenage parents more fully into the drop-in center and the primary care center, two components which have been underutilized by younger parents. The drop-in center will offer extended evening hours and activities more suited to teenage parents than regular center activities. The

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primary care clinic will remain open late one night per week to accommodate teen parents who are in school during the clinic's daytime hours.

o Families With a Future. The state of Illinois operates Families With a Future, a program designed to lower the state's infant mortality rate. Because the Robert Taylor community has one of the highest rates of infant mortality in Illinois, state money, administered by the Chicago Urban League, is available to community-based groups providing services to reduce infant mortality and morbidity. CSCD applied for and received some of this funding to augment services provided to families by the family advocacy component.

o Project Chance: To cover the cost of training community residents who work as paraprofessionals throughout the program, CSCD applied for and received a grant from Project Chance, the state's job training program to move public aid recipients off of welfare and into jobs.

o Drug Abuse Prevention: Substance abuse is a very serious problem in the Robert Taylor Homes and prevents many families from full taking advantage of CSCD's services. One of the largest unmet service needs in this community is for drug treatment programs. Limited funding was available a year ago for drug abuse prevention programs from the federal Office of Substance Abuse Prevention (OSAP). CSCD applied for and received a grant for a substance abuse prevention program targetted to four- and five-year old children and their families. While this

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in no way is an adequate response to the community's drug problems, it is, unfortunately, the only approach for which CSCD has been able to secure funding.

o Infant/Toddler Day Care:: Child care is an essential service for the young women who head most of the households in the Robert Taylor Homes, yet there are no licensed child care centers for infants and toddlers in this community. From its inception, CSCD has planned to provide high quality child care to at least some of its participating families, both to enhance parents' ability to complete school or secure employment,and to ensure that high-risk infants and toddlers receive developmentally appropriate care.

Unfortunately, high quality day care -- particularly for infants -- is an extremely expensive service to provide. In CSCD's case, the cost of providing day care includes both operating costs and the cost of obtaining and renovating space to house day care facilities. In 1989, for the first time, CSCD will be able to provide a limited amount of day care as a result of funding from the U.S. Department of Housing and Urban Development under a grant program to encourage the development of child care in public housing complexes. This grant will allow CSCD to start and partially fund a small center which will be able to care for 14 infants. This does not begin to meet the need and demand for child care in the community, and CSCD must secure substantial additional funds for child care from state, federal, and private sources.

Coordination and Cooperation Among Program Components

In a multifaceted program like CSCD, coordination and cooperation among the many individual program components is an essential element. Staff in each program component have struggled to give adequate attention to both the need for a coordinated, interdisciplinary approach to families and to the the design and delivery of their own specific services.

Although CSCD staff follows what it knows to be good techniques for promoting a comprehensive approach to families (centralized intake and record-keeping, case management, cross-component meetings, periodic progress reviews, etc.), the most effective working relationship across disciplines and between professional and paraprofessional staff is still evolving. The staff continues to work toward achieving an efficient and effective mechanism for ensuring that families, rather than individual program components, are the primary concern.

Community Involvement in CSCD

Because CSCD is designed to coordinate, strengthen, and expand -- rather than duplicate -- existing child and family services, strong community involvement is essential to CSCD's ability to achieve its goals. Activities during the first several months of the program's development included extensive meetings with residents, providers, and leaders within the community. These meetings were a way to learn about the

community's needs, accomplishments, and resources. They were also a way to begin the process of establishing long-term networking relationships which could reinforce CSCD's goals and build a foundation for community self-help efforts.

Community involvement is not a static relationship, but a process which develops over time. CSCD tries to encourage and facilitate this process through a Community Advisory Council. The Council is a mechanism through which Robert Taylor residents, neighborhood leaders, and local service providers can assess CSCD's existing program components and offer recommendations for improving these services. It is also a forum in which the community can identify unmet needs and, it is hoped, begin to design ways to meet these needs.

Staff Issues

Among the skills and backgrounds represented by the program's professional staff are child development and related fields, health care, clinical social work, administration, and program planning and development. To supplement the skills and talents of staff, experts from around the country are occasionally invited to CSCD to present workshops and seminars, and efforts are made to send staff to professional meetings.

CSCD is strongly committed to training and hiring community residents, both as a way of strengthening the community and as a means of building a staff which is knowledgeable of and invested in the community. This has proven, however, to be a difficult,

time-consuming, and at times frustrating undertaking. Above all, it requires realistic expections and a serious and long-term commitment to on-going training and support of community residents once they are on the job. Many staff hired from the community have little or no prior work experience and require extensive "pre-employment" training to develop basic job skills and good work habits before they can receive training related specifically to CSCD services. Once in a job, community residents need a high degree of support to help them develop and maintain some level of professional objectivity when confronting the problems and concerns of the families with whom they work -- a particularly difficult task because many of the participating families are neighbors, friends, or relatives. Despite CSCD's best efforts, a number of employees from the community have had to be terminated.

A constant concern at CSCD is avoiding staff burn-out. Staff at all levels are under enormous stress. As mentioned earlier, the needs of families involved with CSCD far exceeded anyone's expectations. These problems are often so urgent and of such a personally difficult nature (involving child abuse, severe clinical depression, physical and sexual assault, or long-term drug dependency) that they exhaust the professional, physical, and emotional resources of the staff. These work-related pressures are compounded by the stress of working daily in as dangerous an environment as the Robert Taylor Homes, where gang activity is high and violence is a daily occurrence.

To date, CSCD does not have a systematic way to combat burn-out among its staff. Supervisors of paraprofessionals try to be sensitive to the need of individual staff members to take time off, and try to be flexible and generous in granting their requests on short notice. For the professional staff, however, burn-out remains a serious, and as yet unmet, challenge.

Budget

CSCD's budget in its second year of operation is approximately $1.4 million. (An abbreviated budget is attached.) The budget reflects in part the intense poverty and isolation of the community in which CSCD is located. It also reflects CSCD's highly labor-intensive nature; the program has staff requirements which range from community workers who need on-going training and close supervision, to highly skilled and specialized professionals such as pediatricians, nurse-midwives, infant and child development specialists, and clinical social workers. (A staff list is also attached.) Staff costs are increased by the use of consultants and experts who provide additional training, staff support, and planning assistance.

Groups undertaking similar community-based programs in low-income communities should consider the possible need to build or renovate space for program operations. In the Robert Taylor community, there was no readily available place for CSCD to occupy. While space was made available virtually rent-free by the Chicago Housing Authority, it required more than $200,000

worth of construction and thousands more in donated materials and equipment to make the space habitable, and to equip it and obtain licensing. Because CSCD is in a community with one of the highest crime rates in Chicago, providing round-the-clock security has added approximately $100,000 a year to the program's budget.

Costs will not necessarily decline as the program becomes more established. Day care, for example, remains largely unfunded, and the program will ultimately have to address drug problems in a more comprehensive manner. As more families enter the program, soem services will need to be expanded and additional space may need to be acquired.

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CENTER FOR SUCCESSFUL CHILD DEVELOPMENT
PROGRAM SERVICES BUDGET
July 1, 1988 - June 30, 1989

PERSONNEL (including payroll taxes and benefits)	$
Program Coordination & Administration	358,733
Family Advocacy Program	240,353
Primary Care Center	178,726
Family Drop-In Center	111,358
Infant Day Care	93,640
MEDICAL & OTHER CONSULTANTS	151,250
OCCUPANCY EXPENSE	100,280
PROGRAM SUPPORT (OUNCE OF PREVENTION FUND)	28,262
CONTENTS/LIABILITY/MEDICAL MALPRACTICE INSURANCE	26,424
EDUCATIONAL/OFFICE/MEDICAL SUPPLIES	24,735
CONFERENCES & TRAVEL	18,000
COPYING/PRINTING/ADVERTISING	12,019
MISCELLANEOUS PROGRAM EXPENSE	12,000
TELEPHONE	11,388
DAY CARE START-UP (FURNITURE & EQUIPMENT)	10,000
PROFESSIONAL FEES	6,537
EQUIPMENT RENTAL & REPAIR	4,683
POSTAGE & FREIGHT	3,564
SUBSCRIPTIONS & DUES	1,000
TOTAL	$1,392,952

NOTE: This budget does not include the Head Start component.

ORGANIZATIONAL STRUCTURE

CENTER FOR SUCCESSFUL CHILD DEVELOPMENT (CSCD)